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# TRANSMITTAL FORM

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|  |    |                      |               |
|--|----|----------------------|---------------|
| Total Number of Pages in This Submission | 19 | Application Number   | 09/610,313    |
|  |    | Filing Date          | July 5, 2000  |
|  |    | First Named Inventor | Susan BARNETT |
|  |    | Art Unit             | 1635          |
|  |    | Examiner Name        | J. E. Angell  |

Attorney Docket Number PAT051386-US-CIP01

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply (10 pages)                              | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Terminal Disclaimer                              | 1. Form PTO/SB/08A/B (5 pages)<br>No Copies of 92 Cited References                      |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (3 pages) | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                             | <input type="checkbox"/> CD, Number of CD(s)                              |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                     | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                   |   |   |
|   | <input type="checkbox"/> Remarks  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (Customer No. 27476) |          |        |
| Signature    | /Otis Littlefield/                           |          |        |
| Printed name | Otis B. Littlefield                          |          |        |
| Date         | June 23, 2010                                | Reg. No. | 48,751 |